



EXHIBIT 7

DATE 3/6/15

HB 587

**Statement of the National Partnership for Women & Families**

**Submitted to Chairman Bennett and Members of the House Judiciary Committee**

**Hearing on House Bill 587**

**March 6, 2015**

The National Partnership for Women & Families is honored to submit this testimony on behalf of the women and families we represent. The National Partnership is a nonprofit, nonpartisan organization located in Washington, D.C., dedicated to promoting public policies that expand opportunity for women and improve the well-being of our nation's families. We advocate for fairness in the workplace, reproductive health and rights, access to quality affordable health care, and policies that help women and men meet the dual demands of work and family. Through education, outreach, and advocacy, the National Partnership is an effective advocate for millions of women and families.

The National Partnership is a leading consumer advocate, working to advance patient and family-centered care throughout our health care system. Through our policy work and our collaborative relationships with both policymakers and a diverse cross-section of health care stakeholders, we provide the consumer perspective on new models of care delivery, health care quality measurement, health care payment reform, and innovation in health information technology (health IT).

As an organization committed to expanding access to quality health care for all people, our testimony highlights some of the many benefits we have seen emerging with the proliferation of telehealth. These positive impacts are just the beginning, as new technology and information continues to develop. There is still much to be explored, and limiting the expansion of telehealth through HB 587 would be premature and out of step with the future of health care.

***Telehealth Can Improve Health Care for Millions of Americans***

Telehealth is the delivery of any health care service or the transmission of health information using telecommunications technology. It includes videoconferencing, transmission of still images, patient portals, remote monitoring of vital signs, and more.<sup>1</sup> It has been used for more than 40 years to increase access to care by delivering health care services to patients in rural and underserved areas.<sup>2</sup>

Telehealth makes our health care system more efficient, improves the quality of care, helps contain costs, addresses staffing shortages by enabling access to a remote team of health care professionals, reduces travel times for patients and health care providers, and decreases the length and number of hospital stays. It has also been found to improve

patient satisfaction by providing access to health professionals and services that would otherwise require traveling long distances and incurring additional costs.<sup>3</sup> For example, telehealth is regularly used to expand access to wound care, radiology, obstetric and gynecological care, and primary care. It can also facilitate care delivery for patients who require translators or have disabilities that affect their mobility.

In Montana and across the nation, health care providers are expanding their use of technology to bring every person the best care possible, no matter where they live. As this committee knows, 76 percent of Montanans live in rural and frontier areas of the state.<sup>4</sup> It is no surprise that Montana has been a leader in adopting telehealth to provide access to care for rural populations. According to the Montana Department of Public Health, the Eastern Montana Telemedicine Network at the Billings Clinic began operation in 1992, making it one of the first telemedicine networks in the nation.<sup>5</sup>

Montana should not go backward and limit telehealth before its potential has even been fully explored. HB 587 would prohibit the use of telehealth for the provision of medication abortion, a safe and essential health care service. The American Congress of Obstetricians and Gynecologists has determined that medication abortion "can be provided safely and effectively via telemedicine with a high level of patient satisfaction," and that laws banning telemedicine are contrary to medical evidence.<sup>6</sup> Studies comparing face-to-face medication abortion provision with medication abortion via telehealth show equivalent effectiveness and rates of positive patient experience.<sup>7</sup>

### ***Telehealth Can Increase Access to Health Care in Medically-Underserved Areas***

The United States is facing a health care workforce crisis that has stretched health care providers to their limits and jeopardized access to care for millions of Americans. One in five Americans have inadequate or no access to a primary care physician<sup>8</sup> and access to specialty care is even more limited. Low-income Americans and those living in rural and medically-underserved areas face additional economic and geographic barriers to care. They are often the ones most disadvantaged by our strained health care system.

Without telehealth, millions of Americans must travel long and onerous distances just to see a doctor:

- ▶ The United States has 191 physicians for every 100,000 people. In rural areas, that ratio is 73 percent lower.<sup>9</sup>
- ▶ While nearly 20 percent of the U.S. population – a total of 62 million people – lives in rural areas, only about 10 percent of physicians practice in rural areas.<sup>10</sup>
- ▶ Sixty million Americans lack adequate access to primary care due to a shortage of primary care physicians in their communities,<sup>11</sup> and this shortage is only going to get worse. The Association of American Medical Colleges projects a shortage of 124,000 physicians by 2020, and 37 percent of the gap is primary care providers.<sup>12</sup>

Increased utilization of telehealth allows health care providers to reach more patients. For example, in both rural and urban areas, telehealth can be used to triage patient care, reserving limited appointment times for those who need to be seen in person, and providing more routine elements of care remotely. The Medical Association of Georgia, for example,

recommends using telemedicine to increase access to specialty care by enabling trauma specialists to consult with doctors in smaller emergency rooms until a patient can be transferred to a major trauma center.<sup>13</sup>

### ***Telehealth Can Create Better Access to Health Care for Rural Women***

Rural women experience significant health disparities when compared to their urban counterparts, and disparities experienced by rural women of color are even greater.<sup>14</sup>

- ▶ Rural women experience higher rates of obesity, suicide, cervical cancer, and limitations caused by chronic health conditions than women living in urban areas. Rural women are also less likely to receive recommended preventive health services.<sup>15</sup>
- ▶ Many rural areas have a particular shortage of obstetric and gynecologic care providers. As of 2012, nearly six million women lived in counties without an obstetrician-gynecologist (ob-gyn).<sup>16</sup> As of the end of last year 35 of Montana's 56 counties did not have any ob-gyns.<sup>17</sup>
- ▶ Eighty-seven percent of non-metropolitan counties in this country lack a single abortion provider.<sup>18</sup>

The American Congress of Obstetricians and Gynecologists recommends encouraging health care providers "to utilize effective telemedicine technologies to expand and improve services for rural women."<sup>19</sup>

### ***Telehealth Can Make Health Care Safer***

While consulting with a doctor over video conference may not be the traditional office visit, studies and practice have shown that care delivered via telehealth is not only safe and effective, but can actually *increase* the safety and effectiveness of care. For example, a study of heart failure patients by the University of Missouri found that telehealth allowed for earlier detection of key warning signs and more timely interventions by providers.<sup>20</sup> According to the same study, telemedicine patients also experienced fewer hospital readmissions. By increasing access to care through more frequent and patient-centered communication with qualified providers, telemedicine yields great results in improving the quality, safety and efficiency of our health care system.

### ***Conclusion***

The existing and potential benefits of telehealth are clear. It expands access to care, improves care, and contains costs. Telehealth is advancing the way we deliver health care, making safe, quality care accessible to rural populations. The Montana legislature should be exploring the potential of new technology to expand access and address existing gaps and shortages, not creating new limits.

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<sup>1</sup> American Telemedicine Association. *About Telemedicine*. Retrieved July 5, 2012 at <http://www.americantelemed.org/4a/pages/index.cfm?pageID=3308>.

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- <sup>2</sup> American Telemedicine Association. *What is Telemedicine & Telehealth?* Retrieved June 26, 2012 at [http://armtelemed.org/resources/27-ATA\\_What\\_Is\\_Telemedicine.pdf](http://armtelemed.org/resources/27-ATA_What_Is_Telemedicine.pdf).
- <sup>3</sup> Ibid.
- <sup>4</sup> Montana Department of Public Health & Human Services. (2011, July). *Montana's Rural Health Plan*, Retrieved March 3, 2015 at <https://dphhs.mt.gov/Portals/85/qad/documents/LicensureBureau/montanaruralhealthplan.pdf>.
- <sup>5</sup> Ibid.
- <sup>6</sup> American College of Obstetricians and Gynecologists. (2014, March). *Practice Bulletin No. 143, Medical Management of First- Trimester Abortion*, p. 11. Retrieved March 3, 2015 at <http://www.acog.org/Resources-And-Publications/Practice-Bulletins/Committee-on-Practice-Bulletins-Gynecology/Medical-Management-of-First-Trimester-Abortion>.
- <sup>7</sup> Grossman, D., Grindlay, K., Buchacker, T., Lane, K., & Blanchard, K. (2011, August). *Effectiveness and acceptability of medical abortion provided through telemedicine*. *Obstetrics & Gynecology*, 118(2), 296–303 (p. 302).
- <sup>8</sup> National Association of Community Health Centers. (2007, March). *Access Denied: A Look at America's Medically Disenfranchised*. Retrieved March 5, 2015 at [http://www.nachc.com/client/documents/issues-advocacy/policy-library/research-data/research-reports/Access\\_Denied42407.pdf](http://www.nachc.com/client/documents/issues-advocacy/policy-library/research-data/research-reports/Access_Denied42407.pdf).
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- <sup>12</sup> Johnson, Monae (2012, May 10). *Not Enough Doctors*. Baltimore Sun. Retrieved June 27, 2012 at [http://articles.baltimoresun.com/2012-05-10/news/bs-ed-doctor-shortage-20120510\\_1\\_primary-care-medical-students-affordable-care-act](http://articles.baltimoresun.com/2012-05-10/news/bs-ed-doctor-shortage-20120510_1_primary-care-medical-students-affordable-care-act).
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- <sup>14</sup> American Congress of Obstetricians and Gynecologists. (2009 March). *Health Disparities for Rural Women*. Retrieved June 26, 2012 at <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Health-Disparities-in-Rural-Women>.
- <sup>15</sup> Ibid.
- <sup>16</sup> Ibid.
- <sup>17</sup> American Congress of Obstetricians and Gynecologists, *2014 Workforce Fact Sheet Montana*. Retrieved March 3, 2015 at <http://www.acog.org/~media/Departments/Government%20Relations%20and%20Outreach/WF2011MT.pdf?dmc=1&ts=20120713T0625540095>.
- <sup>18</sup> See note 14.
- <sup>19</sup> Ibid.
- <sup>20</sup> University of Missouri (2008, May 7). *Patients with Chronic Illness Benefit from Telehealth Intervention*. Retrieved June 27, 2012 at <http://munews.missouri.edu/news-releases/2008/0507-telehealth-intervention-wakefield.php>.